The FDA recommends using a suicidal ideation and behaviour (SIB) assessment that directly classifies the SIB data into eleven preferred categories noted in Appendix A of the 2012 guidance. The Columbia Suicide Severity Rating Scale (C-SSRS) is an accepted alternative approach to obtaining SIB data. A recent meta-analysis of 74,406 completed eC-SSRS assessments adds to the growing evidence base supporting the reliability and validity of the eC-SSRS across patient populations and clinical contexts.

**OBJECTIVE:**

Whilst translating and linguistically validating the scale, it was noted that particularly in the Asia-Pacific region there were some challenging issues around the concept of suicide from a linguistic and cultural perspective.

**METHODOLOGY:**

Eighteen final reports outlining the full linguistic validation process, including cognitive debriefing with five healthy respondents (one with a history of depression) in each target country and language combination were reviewed from the Asia-Pacific region. The languages were as follows: China-Mandarin, India-English, India-Gujarati, India-Hindi, India-Kannada, India-Malayalam, India-Marathi, India-Tamil, Indonesia-English, Indonesia-Malay, Indonesia-Mandarin, Korea-Korean, Malaysia-English, Malaysia-Malay, Malaysia-Mandarin, Philippines-English, Philippines-Tagalog, Singapore-English, Singapore-Malay, and Singapore-Mandarin. Each report was reviewed for challenges relating to the translation and cultural adaptation of concepts related to suicidal ideation. As Mundt et al outline, the eC-SSRS assesses the presence of suicidal ideation at a number of severity levels (wish to die or to go to sleep and not wake up, thoughts of killing self, thoughts of method for killing self, intentions to kill self, development of plans for committing suicide). The eC-SSRS assesses frequency, duration, control, commitment, and extent of determined reasons for thinking about suicide. Source items falling into the ideation categories are crucial concepts repeated numerous times throughout the instrument and are particularly challenging to translate.

**RESULTS AND CONCLUSION:**

Broad characteristics of the issues were found to relate to: specific suicide methods varying per country; subtleties of source English nuances being difficult to convey in all languages (“wishing to die” versus “wanting to be dead”); and clinical contexts.

The validated eC-SSRS solution provides insight into potential suicidal behaviour through assessing “life-time” ideations and behaviours during a baseline evaluation and then in monitoring prospective suicidality during subsequent “since last call” stages. The eC-SSRS questions together form a systematic branching structure that ensures: a logical set of follow-up questions based on a patient’s previous answers; error-handling routines; and consistency across patients and sites. ICON Language Services has produced linguistically validated translations of the e-C-SSRS iterations v1.6 and v2.0 for ERT’s VIAphone platform, an interactive voice response system (IVRS), into 79 languages covering 50 countries.